


U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF ANTHONY LAFAUCI	COURT CASE NUMBER 04 - 12608 - REK
DEFENDANT GREGORY CROMPTON	TYPE OF PROCESS CIVIL ACTION 1983

SERVE  **AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
NEW HAMPSHIRE STATE PRISON CLASSIFICATION

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
P.O. BOX 14 CONCORD, NEW HAMPSHIRE 03301 0014

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: ANTHONY LAFAUCI #284473 OSBORN CORRECTIONAL INSTITUTION P.O. BOX 100 SOMERS, CONNECTICUT 06071	Number of process to be served with this Form - 285 1
	Number of parties to be served in this case 26
	Check for service on U.S.A. YES

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gregory Crompton
NH States Prison Classification
PO Box 14
Concord, NH 03301-0014

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  ☐ Agent ☐ Addressee
- B. Received by (Printed Name)  ☐ Date of Delivery
- C. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below

PHONE NUMBER

DATE

WRITE BELOW THIS LINE

SMS Deputy or Clerk

Date

as shown in "Remarks", the process described corporation, etc., shown at the address inserted below.

named above (See remarks below)

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Postmark Here

Extra Fee? ☐ Yes

44

102595-02-M-1540

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service Time am pm

Signature of U.S. Marshal or Deputy

Initial Charges Advance Deposits Amount owed to U.S. Marshal or Amount of Refund

Cert. Mail # 6/8/05

Sent To Gregory Crompton
Street, Apt. # NH States Prison Classification
or PO Box NPO Box 14
City, State, ZIP+4 Concord, NH 03301-0014

PS Form 3800

MAY BE USED

WORK OF THE COURT

FORM USM-285 (Rev. 12/15/80)

AO 440 (Rev. 10/93) Summons in a Civil Action

UNITED STATES DISTRICT COURT

District of Massachusetts

Anthony Lafauci,
Plaintiff,

SUMMONS IN A CIVIL CASE

V.
Peter Pepe, Jr., et al.,
Defendants

CASE NUMBER: C.A. No. 04-12608-REK

TO: (Name and address of Defendant)

Gregory Crompton

NEW HAMPSHIRE STATE PRISON CLASSIFICATION DEPARTMENT
P.O. BOX 14
CONCORD, NEW HAMPSHIRE
03302 - 0014

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Anthony Lafauci, pro se

OSBORN CORRECTIONAL INSTITUTION
P.O. BOX 100
SOMERS, CONNECTICUT
06071

an answer to the complaint which is herewith served upon you, within twenty (20) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Sarah A. Thornton
CLERK

(By) DEPUTY CLERK

April 22, 2005

DATE